



Employment Application

Date of Application _____

Position Applied for: _____

Referred by: _____

Last Name

First Name

Middle Initial

Address: _____

Street

City

State

Zip

Telephone: _____

Cell phone: _____

Email Address: _____

When and where can we best contact you by telephone? _____

Are you at least 18 years of age? Yes No

Have you applied for a position with Lazy 5 Vets previously? _____
If yes – date & position applied

Are you legally eligible for employment in this country? Yes No

Date available to start work _____ Desired Salary/Hourly rate _____

Type of employment Desired: Full-Time Part-Time Seasonal

Are you able to meet the attendance requirements of the position? Yes No

Are you able to perform the requirements described in the job description? Yes No

Will you work overtime if required? Yes No If no, please explain _____

Have you ever pled "guilty" or "no contest" to, or ever been convicted of a crime? Yes No

If yes, please provide date(s) and details _____

Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the offense seriousness of the crime and position applied for will be taken into account.

Are there animals you cannot work around? Yes No If yes, please explain _____

Can you work on Sundays and/or holidays? Yes No

Skills and Qualifications

Marketing Internet Avimark Lab Equipment X-Ray Accounting

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position. _____

Employment History – Please start with your most recent employer and provide the following information.

Employer _____ Telephone _____ Dates employed __/__/__ to __/__/__

Street Address _____ City _____ State _____ Zip Code _____

Job Title _____ Starting wage _____ Ending _____

Immediate Supervisor/Title _____

Reason for Leaving _____

May we contact for reference? Yes No Later

Please summarize your job responsibilities: _____

Employer _____ Telephone _____ Dates employed __/__/__ to __/__/__

Street Address _____ City _____ State _____ Zip Code _____

Job Title _____ Starting wage _____ Ending _____

Immediate Supervisor/Title _____

Reason for Leaving _____

May we contact for reference? Yes No Later

Please summarize your job responsibilities: _____

Employer _____ Telephone _____ Dates employed __/__/__ to __/__/__

Street Address _____ City _____ State _____ Zip Code _____

Job Title _____ Starting wage _____ Ending _____

Immediate Supervisor/Title _____

Reason for Leaving _____

May we contact for reference? Yes No Later

Educational Background

School (City & State)	# of years completed	Level of completion/Degree	Course of Study

References

Name	Title/Profession	Relationship to applicant	Telephone

Applicant Statement

I certify that all the information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal & professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume and job interview. I also understand the employer will perform a background check. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant for consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

This application does not constitute an agreement or contract for employment for any specified period or definite duration.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that a negative drug test result is required by the employer prior to employment to comply with the employer's drug-free workplace program.

I understand that any information provided to me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application, or immediately discharge me from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT!

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ **Date** _____